FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR**

UNIFORM LIMITED OFFERING EXEMPTION

3	4	l f	6	Z	•
_				 	-

OMB APPROVAL						
OMB Number:	3235-0					
Expires:						

076 Estimated average burden hours per response.....16.00

SEC USE ONLY								
Prefix		,	Serial					
C	DATE RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.)	
Sanctuary Ventures II L.P.	
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE CON RECEIVED
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFICATION DATA	OCT 1 4 2005 >>
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	185/89/
Sanctuary Ventures II L.P.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
3365 Van Allen Place, Topanga, California 90290	818-888-9748
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	DDAAFAAFA
Real estate acquisition, operation and sale	PROCESSED
Type of Business Organization	OCT 1 9 2005/
corporation Imited partnership, already formed other (g	lease specify):
business trust limited partnership, to be formed	THOMSON
Month Year	FINANCIAL
	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State	
CN for Canada; FN for other foreign jurisdiction)	

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

1 of 9

A. BASIC IDENTIFICATION DATA Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer. Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Managing Partner Full Name (Last name first, if individual) Sanctuary G.P. II LLC Business or Residence Address (Number and Street, City, State, Zip Code) 3365 Van Allen Place, Topanga, California 90290 Promoter Check Box(es) that Apply: ☑ Beneficial Owner ☐ Executive Officer General and/or Director Managing Partner Full Name (Last name first, if individual) Dutka, James Business or Residence Address (Number and Street, City, State, Zip Code) 3365 Van Allen Place, Topanga, California 90290 Executive Officer Check Box(es) that Apply: Beneficial Owner General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Executive Officer Check Box(es) that Apply: Promoter Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Executive Officer Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

Executive Officer

General and/or Managing Partner

Beneficial Owner

Check Box(es) that Apply:

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

		0,44,4		(A) (A) (A) (B)	В. 1	NFORMAT	ION ABOU	T OFFERI	NG 🎶	of the state of th	in the second		
1						11 40			Abia - CC-			Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								×					
Answer also in Appendix, Column 2, it filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?							s 108	8,333.00					
												Yes	No
			permit joint									ĸ	
co If: or	mmiss a perso states	sion or sim on to be lis , list the na	ilar remune ted is an ass	ration for s sociated pe roker or de	solicitation erson or age ealer. If mo	of purchas ent of a brok ore than fiv	ers in conn ker or dealc e (5) persoi	ection with r registered ns to be list	sales of sec d with the S cd are asso	curities in t SEC and/or	irectly, any he offering, with a state ions of such		
Full No	ame (L	ast name	first, if indi	vidual)		_							
Busine	ss or I	Residence	Address (N	umber and	d Street, C	ity, State, Z	Zip Code)						
Name o	of Ass	ociated Br	oker or Dea	aler									
States i	in Wh	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers			<u> </u>			
(C	heck.	'All States	" or check	individual	States)	•••••	••••					All States	
M		AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Full Na	ame (l	ast name	first, if indi	vidual)						-			
Busine	ss or	Residence	Address (N	lumber an	d Street, C	City, State.	Zip Code)						
Name o	of Ass	ociated Br	oker or Dea	aler						.,			
States	in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
(C	Check '	'All States	" or check	individual	States)				****************	, ;. , , , , , , , , , , , , , , , , , ,		☐ Al	1 States
M	I. I. IT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	DE MD NC VA	MA ND WA	FL MI OII WV	GA MN OK WI	MS OR WY	MO PA PR
Full Na	ame (I	ast name	first, if indi	vidual)				,	1.20				
Busine	ess or	Residence	Address (N	Number an	d Street, C	ity. State,	Zip Code)						
Name o	of Ass	ociated Br	oker or Dea	aler									
States i	in Wh	ch Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
			" or check						•••••	•••••		□ AI	l States
		AK IN NE SC	AZ TA NV	AR KS NH	CA KY NJ TX	CO LA NM UT	ME NY	DE MD NC	DC MA ND WA	FL MI OH WV	GA MN OK	MS OR WY	MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	0.00	§ 0.00
	Equity		§ 0.00
	Common Preferred	<u> </u>	- *
	Convertible Securities (including warrants)	ç 0.00	0.00 \$
	Partnership Interests		\$ 1 9 8,333.00
	Other (Specify)		\$ 0.00
	Total	650,000.00	§ 1 8 8,333.00
	Answer also in Appendix, Column 3, if filing under ULOE.	Φ	<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregale
		Number Investors	Dollar Amount of Purchases
	Accredited Investors	1	§ 1 6 8,333.00
	Non-accredited Investors	0	\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Ossering	Type of Security	Dollar Amount Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Logal Fees		\$_10,000.00
	Accounting Fees	_	\$
	Engineering Fees		\$
	Sales Commissions (specify finders' fees separately)		\$
	Other Expenses (identify)		\$
	Total	_	\$_10,000.00

	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Qu	price given in response to Part C —	Question 1	
	proceeds to the issuer."			\$640,000.00
5.	Indicate below the amount of the adjusted gross proceed each of the purposes shown. If the amount for any purpose the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	urpose is not known, furnish an e e payments listed must equal the adj	stimate and	
			Payments to	
			Officers,	D
			Directors, & Affiliates	Payments to Others
	Salaries and fees			
	Purchase of real estate			
	Purchase, rental or leasing and installation of machin			_ _
	and equipment		\$	_ 🗆 \$
	Construction or leasing of plant buildings and faciliti	ies		_
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets of	or securities of another		_
	issuer pursuant to a merger)			
	Repayment of indebtedness			_
	Working capital	······	\$	<u></u>
	Other (specify):		\$	\$
				□\$
	Column Totals		_ _	
				_
	Total Payments Listed (column totals added)			540,000.00
	· · · · · · · · · · · · · · · · · · ·	D. FEDERAL SIGNATURE	Maria de la compansión de La compansión de la compa	
sig	e issuer has duly caused this notice to be signed by the unnature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	h to the U.S. Securities and Exchai	nge Commission, upon writt	
Iss	uer (Print or Type) S	ignature	Date	
	anctuary Ventures II L.P.	Jours AAA	October 13, 20	05
Na	me of Signer (Print or Type) T	itle of Signer (Print or Type)	~	
Sa	į	eneral Partner		

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)